AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No.   17-1101

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)*   EXPERIAN INFORMATION SOLUTIONS, INC.

was received by me on *(date)* _____ .

    ☐ I personally served the summons on the individual at *(place)* _____

_____ on *(date)* _____ ; or

    ☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____ , a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

    ☐ I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)* _____

_____ on *(date)* _____ ; or

    ☐ I returned the summons unexecuted because _____ ; or

    ☒ Other *(specify):*   certified mail upon registered agent for service of civil process in the Commonwealth of PA.

_____ .

My fees are $ _____ for travel and $ _____ for services, for a total of $ _____ .

I declare under penalty of perjury that this information is true.

Date: 3/29/17

                                                        Server's signature

                                                       ROBERT P. COCCO, P.C.
Printed name and title   1500 WALNUT ST. STE.900
                                                       PHILADELPHIA, PA 19102

                                                           Server's address

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse
  so that we can return the card to you.
■ Attach this card to the back of the mailpiece,
  or on the front if space permits.

1. Article Addressed to:

Experian Information Solutions Inc. c/o
CT Corporation System
116 Pine St., Ste. 320
Harrisburg, PA 17101

9590 9403 0635 5183 8314 79

2. Article Number (Transfer from service label)

7015 1730 0001 5229 9699

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ Perri L. once ___   ☐ Agent
                                           ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
                                        3/21/17

D. Is delivery address different from item 1?   ☐ Yes
   If YES, enter delivery address below: ☐ No

Moore

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
   Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
   Delivery
☐ Return Receipt for
   Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation
   Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053   Domestic Return Receipt